



# KENTUCKY BOARD OF CERTIFICATION OF ALCOHOL AND DRUG COUNSELORS

P.O. Box 1360, Frankfort, Kentucky 40601  
(502) 782-8814~ <http://adc.ky.gov/>  
Reference 201 KAR 35:060

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## COMPLAINT FORM

### INSTRUCTIONS

1. This form is to be used with Microsoft Word.
2. Press the TAB key to skip to the next field.
3. Once you have completed the form, you must print the form, and apply your handwritten signature. Complaint forms submitted without the appropriate signatures will be returned.
4. The completed application may be submitted to the Kentucky Board of Certification of Alcohol and Drug Counselors either by mail to P.O. Box 1360, Frankfort, Kentucky 40602 or by email to [adc@ky.gov](mailto:adc@ky.gov)

DATE RECEIVED: \_\_\_\_\_

COMPLAINT NUMBER: \_\_\_\_\_

**KENTUCKY BOARD OF CERTIFICATION OF ALCOHOL AND DRUG COUNSELORS**

PO BOX 1360  
FRANKFORT, KY 40602  
(502) 782-8814

**COMPLAINT FORM**

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street

\_\_\_\_\_

City

State

Zip Code

Home Telephone Number with Area Code: \_\_\_\_\_ ( ) - \_\_\_\_\_

Work Telephone Number with Area Code: \_\_\_\_\_ ( ) - \_\_\_\_\_

Cell Phone Number with Area Code: \_\_\_\_\_ ( ) - \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Kentucky Alcohol and Drug Counselor your  
complaint is against:

Address: \_\_\_\_\_

Street

\_\_\_\_\_

City

State

Zip

Have you filed this complaint with other agencies?      Yes      No

If yes, list the agencies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Brief Summary of Complaint**

Please be specific as possible regarding names, dates, locations, and actions you believe to be improper, unethical or unprofessional. Attach copies of any supporting documentations you wish the committee to review.

By signing this complaint form, I hereby certify that the information is complete and true to the best of my knowledge.

Signature: \_\_\_\_\_ Date: